2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052842 FILED 1. Entity Name PHYLLIS RADCLIFF CONSTRUCTION CLEANUP "LLC" 2008 SEP 25 PM 4: 20 Principal Place of Business Mailing Address 2358 SILVERSIDE LOOP 2358 SILVERSIDE LOOP SECRETARY OF STATE TALLAHASSEE, FLORIDA PENSACOLA, FL 32526 US PENSACOLA, FL 32526 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 91-2200476 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, PHYLLIS D Street Address (P.O. Box Number is Not Acceptable) 2358 SIVEWREIDES LOOP PENSACOLA, FL 32526 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM **MGRM** TITLE ☐ Delete TITLE Addition Mark A. Rd 62N TAGIOR NAME TAYLOR, PHYLLIS D NAME STREET ADDRESS 2358 SILVERSIDES LOOP STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition TAYLOR, DONALD L NAME NAME STREET ADDRESS 22592 COUNTRY RD 62 N STREET ADDRESS CITY-ST-ZIP ROBERTSDALE, AL 36567 CITY-ST-ZIP 508239900178 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 81,22108 90011 () CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7/F CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CICHATURE Phyllis D. TAylor

Phyllis D. taylor

9-22-08